Development and evaluation of Healthpoint: a public access touch screen community based health information system

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Healthpoint is a community-based touch-screen public-access information system whose aims are:

- To meet the consumer demand for health information
- To raise awareness of health issues, particularly amongst those who would not necessarily have access to health information
- To measure interest in health topics in the community.

The first prototype was evaluated in a health centre in 1989[1]. The revised touch screen system was the subject of a major evaluation study in 1990-91. At that time the opening alphabetical menu, comprising nine 'buttons' on the screen, offered a range of letters and indications of the topics such as Smoking, Alcohol, Sex, AIDS, Women's Health, Back Pain, Hayfever, Incest. Subsequent menus adopted the same 'nine button' approach. Evaluation in the first phase (13 sites) included interviews with users, internal monitoring by the system, questionnaire surveys of potential users. In the second phase 10 Healthpoints were sited in a pharmacy, post office, health centre, job centre, library, sports centre, bar, council offices and technical college in one town for 5 months. A random telephone survey of the town showed that 17% of the population had used a Healthpoint at least once[2,3].

In 1992 the system was made commercially available but no major effort was made to market it. A further study was carried out in 1994 aiming to (a) address some of the problems of evaluation, in particular to get better estimates of the number of people using Healthpoint each day (b) to see if it 'reached' people who did not obtain information from other sources, (c) to estimate a notional value for the service, and (d) to compare three types of site - retail, leisure, and workplace. Typically there were 65 episodes of use a day (involving 120 people). Thirty percent had used Healthpoint compared to 16% who had picked up a leaflet and 44% who had seen an advert about health on television. Eight percent had used Healthpoint who had had no other health information. Further results have been published elsewhere.[4]

We have now released new software, based on a RDBMS design as opposed to the previous authoring software. The new system allows the 'owners' of Healthpoint to amend and add to the system and to import nationally available databases of contact names and addresses. At present we have 40 sites in the UK including hospital sites, health authorities (health promotion & occupational health depts.), and various community health projects. We have sites from N.Scotland to Wales and SW England.

DISCUSSION

This public access touch screen system meets its aims and is seen as an appropriate way of delivering information to the public by a number of health agencies.It may be that in the longer term networked systems such as Stanford Health-Net [5] or public access to the Internet is the way forward but stand-alone touch screens have a number of advantages in the short to medium term. These include:

1. Greater accessibility to public shops etc without the need for a network or telephone connection. Even in the home, levels of phone ownership may be low in some areas.
2. Greater 'ownership' by local groups - if they are able to add and amend the system easily.
3. At present, the internet and most consumer systems on it are far too complex for public use, at least in the UK.

References: 1. Healthpoint: a public access health information system. In: Current Perspectives in Health Computing 1990: pp65-69. BJHC Books Weybridge Surrey. 2. Use of a Community-Based Touch Screen Public-Access Health Information System. Health Bulletin 1993; 51: 34-42. 3.Where should a public access health information system be sited? Interacting with Computers 1993 ; 2: 413-421. 4.How should we evaluate a public-access health information system? In Current Perspectives in Healthcare Computing 1996, pp557-562. BJHC Books, Weybridge Surrey. 5. Community health behaviour change through computer network health promotion: preliminary findings from Stanford Health-Net. Computer Methods and Programs in Biomedicine 1989; 30: 137-144

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